



U.S. Department of Transportation
Federal Aviation Administration

800 Independence Ave., SW
Washington, DC 20591

To: *U.S. Air Carriers with a Federal Aviation Administration (FAA)
Chapter 443 Third Party Liability Insurance Policy*

The Federal Aviation Administration (FAA) hereby notifies you of its willingness and intent to modify the continued insurance coverage under the Chapter 443 aviation insurance premium policy issued to your company. In order to ease cash flow for you, the premium payment terms may be amended to allow for two equal payment installments on or before November 2, 2001 and December 7, 2001, for the insured period terminating on January 11, 2002. All other terms and conditions of the policy will remain intact.

If your company wishes to accept the amendment, follow the instructions below on completing the amendment and returning it to the FAA. If you do not choose to accept the amendment, no further action is required and payment terms will remain as indicated in your existing policy.

If your company has already made electronic payment to the FAA for the renewal period, and would like a partial (50%) and temporary refund, complete the amendment and follow the instructions below to obtain a partial refund. You will then need to make the second payment by December 7 as the amendment requires.

If you have paid by check, work with your insurance representative to ensure that your initial check is returned; you will need to submit a new check for the lesser amount.

Documents attached:

- ☐ Amendment #4 to FAA Third Party War Risk Liability Insurance policy.
- ☐ Request for partial refund of FAA Third Party War Risk Liability Insurance deposit premium.

Completion of documents:

1. Amendment #4

Please fill-in the following blanks in the policy.

- a. Heading – Current policy number
 - b. Section I.A., page 1 – Legal name of business.
 - c. Section I.A., page 1 – Date of original policy.
 - d. Section I.A., page 1 – Current policy number.
 - e. End, page 1 – Original signature and printed name and title of representative binding the company on two copies.
2. Complete the attached invoice with the following information.
- A. Airline Name
 - B. FAA Invoice Number - AI-02-W-[use your two digit airline code] (this is the invoice under which payment was made)
 - C. Taxpayer Identification Number
 - D. Amount – Enter the amount from the invoice in B above, calculate 50% of that amount, subtract from the invoice amount, enter refund requested.

- E. Electronic fund transfer information for your bank account for FAA's deposit.
 - 1) Bank name
 - 2) Bank address
 - 3) Bank ABA routing number
 - 4) Account Name
 - 5) Account Number
- F. Supply us with the name, phone number, and e-mail address of the appropriate person(s) to contact if we have specific questions about the invoice.
- G. OFFICIAL USE ONLY.
- H. OFFICIAL USE ONLY.

Return of documents:

- I. Fax a copy of the signed amendment document and the request for partial refund (if appropriate) to (202) 267-3278, or (202) 267-3324, or (202) 267-5370, Attn: Aviation Insurance Program.
- II. Send by courier or overnight delivery service **TWO** original, signed amendment documents to:
 - Federal Aviation Administration
 - Aviation Insurance Program, APO-3, Room 939
 - 800 Independence Ave., SW
 - Washington, DC 20591

Next Steps:

After we receive the two completed and signed original Amendment #4 documents, we will sign them and return one original signature copy for your files.

For partial refund requests, upon validation of receipt of the correct information from your carrier, your FAA insurance representative will initiate the partial refund request – for electronic payments, this should take less than a week.

Airlines accepting Amendment #4 provide first payment installment on or before November 2, 2001. Airlines not accepting Amendment #4 must make full payment per the terms of their policy.

Airlines accepting Amendment #4 provide second installment payment on or before December 7, 2001.

Questions:

Contact your FAA Insurance representative, or email to:

9-AWA-APO-Aviation-Insurance@FAA.gov

An electronic version of this package can be accessed at:

<http://www.api.faa.gov/911policies/inscover.html>

UNITED STATES OF AMERICA
DEPARTMENT OF TRANSPORTATION
FEDERAL AVIATION ADMINISTRATION
Policy No. PR-LWR-__-____

THIRD PARTY WAR RISK LIABILITY INSURANCE

AMENDMENT 4

I. AMENDMENT

A. Pursuant to Paragraph A of Article X of the Third Party War Risk Liability Insurance Policy (hereinafter, the Policy), originally issued to _____ on _____, 2001 and extended to January 11, 2002, policy number PR-LWR-__-____, the Administrator of the Federal Aviation Administration (FAA) hereby amends the Policy by adding the following new Paragraph B to Article XII, Premium Payment:

“B. The Insured shall calculate the premium for the effective period of this Policy of Insurance based on the formula set forth in Paragraph A of this Article XII, and shall pay such premium amount to the Insurer in two equal installments on or before November 2, 2001 and December 7, 2001, for the insured period terminating on January 11, 2002.”

B. This Amendment shall not affect any other provision of the Policy.

II. EFFECTIVE DATE

This Amendment to the Policy becomes effective as of the date of acceptance by the FAA, and shall continue in effect for the remaining term of the Policy, or until the Policy is further amended or terminated in accordance with the terms of Article X of the Policy.

For the UNITED STATES OF AMERICA

By: _____
Title: Director of Aviation Policy and Plans
Federal Aviation Administration

Date: _____

For the Insured, _____
By an Officer of the Insured Empowered to Bind the Insured

By: _____

Date: _____

Title: _____



U.S. Department of Transportation
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Application for War Risk Insurance Premium Refund

A	Airline Name _____	
B	FAA Invoice Number: AI-02-W _____ (two digit airline code)	
C	Taxpayer Identification Number _____	
D	Payment made to FAA	\$ _____
	Less 50%	\$ _____
	Refund requested	\$ _____
E 1	Bank Name _____	
E 2	Bank Address _____	
E 3	Bank ABA routing number _____	
E 4	Account Name _____	
E 5	Account Number _____	
F	<p style="text-align: center;">OFFICIAL USE ONLY</p> Initial payment received:	
G	Refund processed:	

E-mail: Your FAA insurance representative, or
9-AWA-APO-Aviation-Insurance@FAA.gov
Fax: 202.267.3278, or 202.267.3324, or 202.267.5370